									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								10-620-862						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN		
TOTAL CLAIMS			26					RATE FE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 375.00		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		· 6			X\$ 9=			OR	X\$18=	108	
INDEPENDENT CLAIMS			3 minus 3 =		0			X42=			OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	858	
5-19-06 (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RAT	E ¦	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 26	Minus	** Z	6	=		X\$ 9	=		OR	X\$18=		
	Independent	* 3	Minus	***	<u> </u>	<b>7</b>		X42:	=		OR	X84≖		
	· moi FRESE	MAINING WI	OLIFIE DE	LINDEN	CLAIIVI			+140	=		OR	+280=		
								TO ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)					_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	- CI A 11 A	-		X42:	=	_	OR	X84=		
_	FINOI PRESE	NTATION OF MI	ULTIPLE DEF	CNUEN	CLAIM			+140	=	-	OR	·+280=		
							ı	TOT ADDIT. F				TOTAL ADDIT, FEE		
		(Column 1)		(Colur	mri 2)	(Column 3)	. '	AUUII. F	CC (	· · · · · · · · · · · · · · · · · · ·	•	ADVII. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>=</b>		X\$ 9	_		OR	X\$18=	<del></del>	
	Independent	*	Minus	***	. 0	-		X42=	.		OR	X84=		
لبًا	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM		ı þ	.140	┪					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR	+280= TOTAL		
RAR	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pa	aid For IN TH	S SPACE	is less tha	an 3, enter "3."	,	ADDIT. F	EE	propriate bo	_	ADDIT. FEE	L	
	•		,		,									